MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/590723
APPLICANT(S)

FILING DATE

CLAIMS

| | | | | | | | LAIN | |
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| | AS FILED | | AFTER | | AFTER | | | |
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| IND. | | 」 ♥ | | 」 ▼ | | , ▼ | | IND |
| TOTAL DEP. | | + | 4 | + | | 4 , | | TOTA DEP |
| TOTAL CLAIMS | | | ~ | 100 | | Talling | | TOTA CLAIR |

| IND. DEP. IND. DEP. IND. DEP. | | AS FILED | | | TER IDMENT | AFTER 2 nd AMENDMENT | | |
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| TOTAL IND. TOTAL DEP. TOTAL | 99 | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL TOTAL | IND. | | ♣ | | J- ♣ | | ♣ | |
| TOTAL | | | 4 | | + | | (* | |
| | | | SECTION S. | | | | 177 | |